

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400836618

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 96850

Contact Name: Sandra Salazar

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 629-8456

Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

API Number 05-103-11993-00

County: RIO BLANCO

Well Name: FEDERAL

Well Number: RG 421-32-298

Location: QtrQtr: LOT14 Section: 29 Township: 2S Range: 98W Meridian: 6

Footage at surface: Distance: 1070 feet Direction: FSL Distance: 1391 feet Direction: FWL

As Drilled Latitude: 39.842812 As Drilled Longitude: -108.420782

GPS Data:

Date of Measurement: 08/29/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 717 feet. Direction: FNL Dist.: 1842 feet. Direction: FWL

Sec: 32 Twp: 2S Rng: 98W

** If directional footage at Bottom Hole Dist.: 719 feet. Direction: FNL Dist.: 1812 feet. Direction: FWL

Sec: 32 Twp: 2S Rng: 98W

Field Name: SULPHUR CREEK

Field Number: 80090

Federal, Indian or State Lease Number: COC068811

Spud Date: (when the 1st bit hit the dirt) 11/02/2014 Date TD: 11/10/2014 Date Casing Set or D&A: 11/12/2014

Rig Release Date: 11/12/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 10070 TVD** 9171 Plug Back Total Depth MD 10013 TVD** 9660

Elevations GR 7046 KB 7067

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

SP/GR/HDIL/ZDL/RPM/CN/CBL/MUD

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	30	18	48	0	84	31	0	84	VISU
SURF	14+3/4	9+5/8	36	0	3,280	975	0	3,280	VISU
1ST	8+3/4	4+1/2	11.6	0	10,056	1,440	3,000	10,056	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,671	630		

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	4,376				
MESAVERDE	5,893				
CAMEO	8,245				
ROLLINS	8,851				
COZZETTE	8,959				
CORCORAN	9,177				
SEGO	9,665				

Comment:

Please note: The "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

Surface Pressure = 0

Ongoing drilling on this pad, rig has not been released from the pad, so the Rig Release Date is an estimate for this well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Sandra Salazar

Title: Permit Technician II

Date: _____

Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400836624	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400836626	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400836628	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836629	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836631	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836637	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836641	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836643	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)